



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E320752**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE # **14-00887**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **04** - **12** - **2014** **1405** **31** N ☐ E ☐ IN ☒ **0664**
S ☐ W ☐ OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐
SR9 NE BLOCK NO. MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)
MILES N E MARKET PL
FEET S W

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253226608**

LAST NAME **HARVEY** FIRST NAME **MAKAYLA** MIDDLE INITIAL **A**

STREET NEW ADDRESS **10613 57TH DR NE**

CITY **MARYSVILLE** ST **WA** ZIP **982706621**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **HARVEMA0540B** STATE **WA** SEX **F** D.O.B. **MMDDYYYY** **09** - **02** - **1995**

ON DUTY ☐ STATUS AIRBAG **6** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **AHN0595** STATE **WA** VIN# **1N4AL11D65C142061**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2005** MAKE **NISS** MODEL **ALT4D** STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **TERRELL HARVEY 10613 57TH DR NE MARYSVILLE WA 98270**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **OMNI INSURANCE 3591643**
VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4254073380**

LAST NAME **JOHNSON** FIRST NAME **KIMBERLEA** MIDDLE INITIAL **A**

STREET NEW ADDRESS **513 PINE AVE**

CITY **SNOHOMISH** ST **WA** ZIP **982902544**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **JOHNSKA43404** STATE **WA** SEX **F** D.O.B. **MMDDYYYY** **09** - **24** - **1957**

ON DUTY ☐ STATUS AIRBAG **1** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **304XQP** STATE **WA** VIN# **2B6HB21Z4KK401692**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1989** MAKE **DODG** MODEL **B2VAN** STYLE **CG** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **KIMBERLEA JOHNSON 419 PINE AVE SNOHOMISH WA 98290 D: 4254073380**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **FARMERS**
VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) **STEVE WARBIS** BADGE OR ID # **112** AGENCY **WA0311900**



STATE OF WASHINGTON
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1591972

CORRECTION

REPORT NO. **E320752**

CASE # **14-00887**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 2 was slowing for a yellow light. Unit 1 failed to stop in time and struck unit 2. Unit 1 towed from scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

STEVE WARBIS

04-14-14 07:12 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

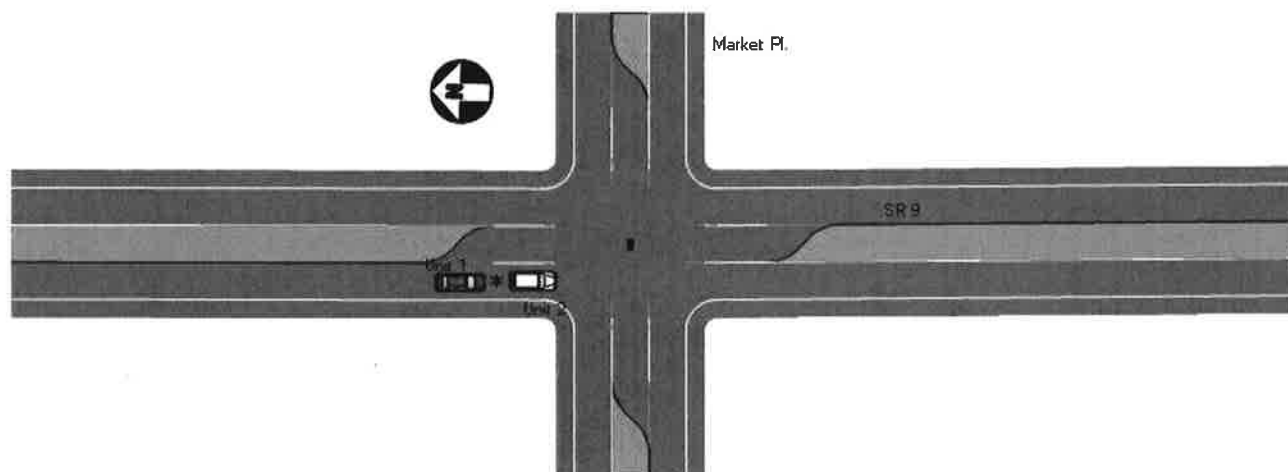
APPROVED BY

DATE

RON BROOKS 013

4/15/2014 8:04:03 AM

BADGE OR ID #	112	ORI #	WA0311900	TIME POLICE DISPATCHED	2:07 PM	TIME POLICE ARRIVED	2:07 PM
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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER										11-00887			
VICTIM / WITNESS													
NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE)				RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
	Johnson Kimberlea						F	9-24-1957	56	5'2	115	grey	gn.
STREET ADDRESS				CITY		STATE		ZIP		RES. STATUS			
419 Pine Ave #B				Snohomish		WA		98290					
HOME PHONE				CELL PHONE				PLACE OF EMPLOYMENT					
				425 407 3380									
WORK PHONE				EMAIL ADDRESS									

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

~~While~~ While on highway 9, approaching intersection at Market Pl. the light turned yellow. I was fairly far from the intersection, and the intersection is a large (long) one. I judged that it was better to stop than go through a yellow light that would likely turn red by the time I traversed the portion of road up to the intersection plus going through the intersection. I ~~was~~ was rear ended by a red Nissan.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT		
SIGNATURE:	DATE SIGNED:	LOCATION SIGNED:
Kimberlea Johnson	4-12-2014	
OFFICER/NUMBER:	DATE SIGNED:	LOCATION SIGNED:
J. W. P. 112	4-12-14	LAKE STEVENS PD.

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-00887

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Harvey, Makayla Ann	RACE	ETH	SEX F	DOB 09/02/95	AGE 18	HGT 5'2"	WGT 130	HAIR Br	EYES Br
STREET ADDRESS 10613 5TH DR NE		CITY Marysville			STATE WA	ZIP 98270		RES. STATUS		
HOME PHONE (360)-651-5465		CELL PHONE (425)-322-6608			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS makayla1213@gmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

We were driving down Highway 9 past Target. We were going full speed right before a light and the van in front of me was right before the crosswalk and then right before as the light turned yellow she slammed on her brakes. I didn't see the light was yellow since the van was really big and it seemed as though the driver was just going to go straight through the light. When the driver of the van hit her brakes so she didn't go through a yellow light, I ~~was~~ hit the back of her car.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Makayla Harvey	DATE SIGNED 09/12/14	LOCATION SIGNED on scene; Lake Stevens
OFFICER/NUMBER: SWANSON	DATE SIGNED 4-12-14	LOCATION SIGNED LAKE STEVENS P.O.

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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CHECK ALL THAT APPLY:

- ☒ NON-IMPOUND/TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER
14-00887

VEHICLE INFORMATION

VIN

1 N 4 A L 1 1 D 6 5 C 1 4 2 0 6 1

LICENSE AHN0595	STATE WASHINGTON	YEAR 2005	MAKE NISSAN	MODEL ALT4D
<input type="checkbox"/> Report of Sale	MILEAGE UNREADABLE	<input type="checkbox"/> Digital	STYLE 4-DOOR SEDAN	COLOR MAROON/BURGUNDY

DRIVER		REGISTERED OWNER	LEGAL OWNER
NAME (LAST, FIRST, MI) HARVEY, MA'KAYLA A		NAME (LAST, FIRST, MI) HARVEY, TERRELL	NAME (LAST, FIRST, MI)
STREET ADDRESS 10613 57TH DR NE		STREET ADDRESS 10613 57TH DR NE	STREET ADDRESS
CITY, STATE, ZIP CODE MARYSVILLE, WA 982706621		CITY, STATE, ZIP CODE MARYSVILLE, WA 98270	CITY, STATE, ZIP CODE
PHONE (425)322-6608	DOB 9/2/1995	PHONE	PHONE

AUTHORIZATION AND RECEIPT

ON 4/12/2014 AT 14:28 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS
(DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED SKY VALLEY 5712-015
(TOWING FIRM) (DOL TRUCK NO.)

DRIVEN BY JEREMY TO REMOVE THIS VEHICLE FROM 9000 SR9 NEMARKET PL
(DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input checked="" type="checkbox"/> [1] KEYS <input type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> [] DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> FRONT <input checked="" type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input checked="" type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		

INVENTORY

NARRATIVE OR DIAGRAM

(List reasons(s) for impound)

vehicle un drivable after collision

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound ☒Private Impound ☐ Repo ☐

For Police Impound: Reason for Impound (DUI, DWLS, ACC, ABAND, EVIDENCE, VEHR, CN, Etc.)

ACCMKE/ (Circle One) EVI

I VIP

EVR

ORI/ WA031 1900LIC/ AH0595LIS/ WALIY/ 2014LIT/ PLVIN/ 1N4AL1D65C142061VYR/ 2005VMA/ NISSVMO/ ALTVST/ 1DVCO/ MANDATE OF IMPOUND/REPO: 4/12/14TOW COMPANY NAME: Sky ValleyTOW COMPANY OCA/** 5001PHONE #: 360.563.6090

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: SR 9 N = Market PlCity of Jurisdiction: LKS

For Repo:

Financial Institution:

Contact Person:

Phone #:

For Teletype:

Date: 4/12/14Entered By: STBWAC #: 14V0041302

Checked By: _____

Checked Date: _____

14-00887